Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mely Mueller	CHAPTER 100.1
Address: 94-949 Lumiloke Street, Waipahu, Hawaii 96797	Inspection Date: April 23, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§11-100.1-17 Records and reports. (f)(1) General rules regarding records:	PART 1	5/24/20
	All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by	DID YOU CORRECT THE DEFICIENCY?	
	the individual making the entry;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Resident #1- White out used in resident financial statement form.	Resident mother/quardian	
		(Sui Chu Tao) righ and	
	·	dated.	
		Rendent - rug and dated	
		Resident Mother/ guardian (Sein Chui Tao) seign and dated. Resident - Raymond Tao seign and dated pely Ballo comag - Cours Home oferafor seign and dated.	d
		using form that was send by my nurce consultant.	
	,	Lend by ring consultant.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-17 Records and reports. (f)(1) General rules regarding records:	PART 2	Date
All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Resident #1- White out used in resident financial statement form.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? It I made must takes cross out amd suitish and don't used whiteout to consump. Forms should be keep in equific location and available to use. I am also nost remaindence but the	7/3/20
	post remindens by the recidents chards as a reminder to me and substitute not to we white out to present a similar min takes in the future,	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	PART 1 DID YOU CORRECT THE DEFICIENCY?	4/27/20
Housekeeping:	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;	deaned Ref. Shelving and check food.	
FINDINGS Small dead roaches in fridge. Cleaned by PCG during inspection.		
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-23 Physical environment. (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	PART 2 <u>FUTURE PLAN</u>	7/3/20
	Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; FINDINGS Small dead roaches in fridge. Cleaned by PCG during inspection.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Clean the ref. Out Frequently I make it a task part of kitchen cleaning routine that's including the side shelwing, wife if epills immidiately make sure left new food concred up contains a Sealer of the side of the side of Sealer of the side of the si	
08/16/16		bags from outside that new to be refrigerated, should be cloom a Sealed, posting remender by the Refregerator to clean the ref. regulanty. Make it a additional job pain for the SCG to Clean the ref. to present the same definer. In the furtice.	3

Licensee's/Administrator's Signature:
Print Name: MELY Balloca nag
Date: 5/24/20
Licensee's/Administrator's Signature:
Print Name: MELY BALLOCANAG
Date: 7 3 / 22